



CALIFORNIA STATE ATHLETIC COMMISSION
 2005 Evergreen St. STE. 2010
 SACRAMENTO, CA 95815
 INTERNET: www.dca.ca.gov
 (916) 263-2195 FAX (916) 263-2197



PROFESSIONAL PROMOTER RENEWAL LICENSE APPLICATION

Type of License:	<input type="checkbox"/> Boxing	<input type="checkbox"/> Martial Arts
License Fee	<input type="checkbox"/> \$1,000	<input type="checkbox"/> 1 Photo
		<input type="checkbox"/> Copy of Form BCII 8016 (LiveScan only If not on file)

1. Name of applicant: _____	
2. Doing business as: _____ (If other than Sole Proprietor state name and tel. No. of contact person)	
3. Please check appropriate box: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	
4. Social Security Number or FEIN(S): _____ (If applicant is sole proprietor or partnership—does not apply to corporation)	
5. Business Address: _____	
6. Business telephone #: _____	Other telephone #: _____
7. FAX #: _____	E-mail: _____

PROMOTER RENEWAL LICENSE

Has there been any change(s) in the financial backing of, ownership, shareholders, or general or limited partners of the promotional company since your previous or last license? ☐ Yes ☐ No

If Yes, please list **ALL** changes below. Omissions or errors may cause a delay or denial of your license renewal. When listing changes include those to ownership, directors, officers, shareholders, the corporation and partners in a partnership. Please submit all required document(s) as directed in the renewal instructional sheet. (Attach separate sheet for additional applicants.)

List ownership and partnership (list all general and limited partners) changes:

NAME:	Social Security No.	Phone Number:	Position/Title:
ADDRESS: Number and Street	City	State	Zip Code
NAME:	Social Security No.	Phone Number:	Position/Title:
ADDRESS: Number and Street	City	State	Zip Code

List all corporate changes (include directors, officers or shareholder of the corporation):

NAME:	Social Security No.	Phone Number:	Position/Title:
ADDRESS:	Number and Street	City	State Zip Code
NAME:	Social Security No.	Phone Number:	Position/Title:
ADDRESS:	Number and Street	City	State Zip Code

Has any individual applying for renewal of this promoter's license used any other name(s) since the granting of your initial or last license? ☐ Yes ☐ No If answer is Yes, list name(s):

Has any individual applying for this promoter's license (individual, officers or principal stockholders) been convicted of an offense other than minor traffic violations since the granting of your initial or last license? ☐ Yes ☐ No (If you answer Yes, even if a conviction or plea of guilty was changed, withdrawn, dismissed, discharged, set aside or pardoned under Section 1203.4 of the Penal Code you must list it.) Please also explain and attach copy of conviction.

Has your Matchmaker changed since your initial or last license? ☐ Yes ☐ No If answer is Yes, please complete the information below:

NAME	CSAC LICENSE NUMBER	TELEPHONE NUMBER

Does any boxer, manager or other boxing participant:

1. Have a financial interest in the promotion? ☐ Yes ☐ No – If answer is Yes, indicate individual's name(s) and explain:

2. Please list all athletes that you presently have under contractual obligation to the promotional company.

Name	Type of Contract	Date of Contract	Ending Date of Contract

Use additional sheet for other names.

RELEASE OF INFORMATION

Authority to provide the Commission with information requested on this application is established pursuant to Sections 18640, 18642 and 18660 of the Business and Professions Code. Disclosure of your social security number, or Federal Employer Identification Number (FEIN), if you are a partnership, is mandatory. Section 30 of Business and Professions Code and Public Law L-94-455[42,USCA 405 (C)] authorize collection of your social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order of family support in accordance with Section 17520 of the Family Code. If you fail to disclose your social security number or FEIN, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty.

All items in this application are mandatory—none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine the qualification for licensure. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.

I/We declare under penalty of perjury under the laws of the State of California, that I/we have read the foregoing application for a license, that all the answers given are my/our own, and that the answers are true to the best of my/our knowledge. Further, I/we understand and agree that any misstatement of material fact in this application will constitute grounds for revoking of the promotion license. I/We hereby agree to keep books, records and accounts, in a business like manner, and that said books, records and accounts, including all canceled checks, will be made available to the commission for their examination.

SIGNATURE(S) OF PROMOTER APPLICANT(S):

SIGNATURE	PRINT NAME	DATE
-----------	------------	------

SIGNATURE	PRINT NAME	DATE
-----------	------------	------

SIGNATURE	PRINT NAME	DATE
-----------	------------	------

SIGNATURE	PRINT NAME	DATE
-----------	------------	------

Office Use Only

Amt Rec'd: _____

Receipt #: _____

License # LC: _____

License # AC: _____

Approved: _____